DOCUMENT RESUME

ED 317 315 PS 018 712

TITLE Opening Doors for America's Children. Interim Report of the National Commission on Children.
INSTITUTION National Commission on Children, Washington, DC.
PUB DATE 31 Mar 90
NOTE 50p.
PUB TYPE Reports - General (140)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Agency Role; Child Caregivers; *Childhood Needs; Cooperation; Data Collection; Drug Abuse; Federal Government; Government Role; Health Services; National Surveys; *Needs Assessment; Parent Influence; Poverty; Prevention; Public Policy; School Readiness; *Social Problems; Social Services
IDENTIFIERS Conceptual Frameworks

ABSTRACT

This interim, progress report to the President and Committees of the House and Senate describes activities of the National Commission on Children in six communities across the country. The report contains information from hearings, town meetings, site visits, and forums in the communities. Included in the report are discussions of: (1) the framework that guides the commission's activities; (2) the commission's activities in relation to mother and infant health, children and families in rural areas, enhancement of school readiness through support for early childhood development, children and the drug crisis, and economic pressures on families; and (3) salient themes and issues that have emerged in the process of inquiry. These themes and issues concern the critical role of parents and other caring adults in children's lives, children in poverty, the pervasiveness of drugs, the crisis in health care, the need for school readiness, and services that reorient children toward coordination and prevention. Because the commission's investigation was not complete, no recommendations are offered. Witnesses, programs, groups participating in forums, and focus groups are listed in the appendix, as is a schedule of activities. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED317315

Opening Doors for America's Children

NATIONAL COMMISSION ON CHILDREN

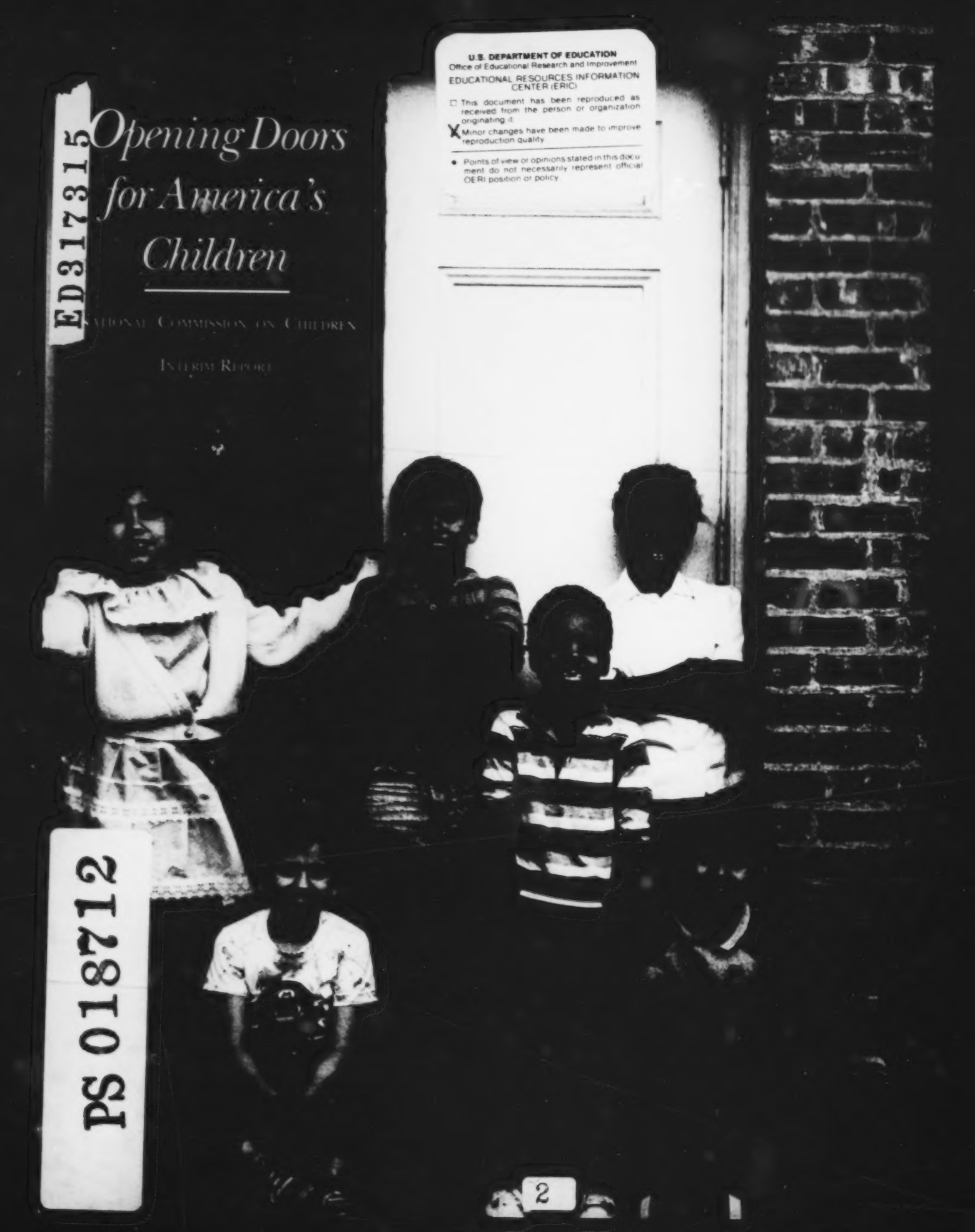
INTERIM REPORT

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

X Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.



PS 018712

On the cover:

SCHOOL CHILDREN

NORTH SIDE YWCA

CHICAGO, ILLINOIS

INTERIM REPORT OF THE
NATIONAL COMMISSION ON
CHILDREN

Opening Doors for America's Children

MARCH 31, 1990

The National Commission on Children was established by Public Law 100-203 "to serve as a forum on behalf of the children of the nation." It is a bipartisan body whose 36 members were appointed in equal numbers by the President, the President Pro Tempore of the U.S. Senate, and the Speaker of the U.S. House of Representatives. The Commission is required to submit an interim report by March 31, 1990 and a final report by March 31, 1991 to the President; to the Committee on Finance and the Committee on Labor and Human Resources of the Senate; and to the Committees on Ways and Means, Education and Labor, and Energy and Commerce of the House of Representatives.

Commission Members

Hon. John D. Rockefeller IV
U.S. Senator
State of West Virginia
Washington, D.C.
Chairman

T. Berry Brazelton, M.D.
Professor of Pediatrics
Harvard Medical School
Boston, Massachusetts

Allan C. Carlson, Ph.D.
President
The Rockford Institute
Rockford, Illinois

Hon. Bill Clinton
Governor
State of Arkansas
Little Rock, Arkansas

Hon. Dan Coats
U.S. Senator
State of Indiana
Washington, D.C.

Donald J. Cohen, M.D.
Director
Child Study Center
School of Medicine,
Yale University
New Haven, Connecticut

Nancy Daly
Founder
United Friends of the Children
Los Angeles, California

Marian Wright Edelman
President
Children's Defense Fund
Washington, D.C.

Hon. Theresa H. Esposito
Representative
North Carolina House of
Representatives
Raleigh, North Carolina

Hon. Raymond L. Flynn
Mayor
City of Boston
Boston, Massachusetts

Mary Hatwood Futrell
Senior Fellow
Center for Education
and National Development
George Washington University
Washington, D.C.

Hon. Martha W. Griffiths
Lieutenant Governor
State of Michigan
Lansing, Michigan

Adele Hall
Member, Board of Directors
Children's Mercy Hospital
Shawnee Mission, Kansas

Irving B. Harris
Chairman of the Executive
Committee
Pittway Corporation
Chicago, Illinois

Betty Jo Hay
Former President
National Mental Health
Association
Dallas, Texas

Hon. Bill Honig
Superintendent of Public
Instruction
State of California
Sacramento, California

Wade F. Horn, Ph.D.
Commissioner
Administration for Children,
Youth and Families
U.S. Department of Health and
Human Services
Washington, D.C.

Mai Bell Hurley
Former President
Child Welfare League of
America
Chattanooga, Tennessee

Hon. Kay C. James
Assistant Secretary for Public
Affairs
U.S. Department of Health and
Human Services
Washington, D.C.

A. Sidney Johnson, III
Executive Director
American Public Welfare
Association
Washington, D.C.

Ruth Massinga
Chief Executive Officer
Casey Family Program
Seattle, Washington

Gerald W. McEntee
President
American Federation of State,
County and Municipal
Employees, AFL-CIO
Washington, D.C.

Hon. George Miller
U.S. Congressman
State of California
Washington, D.C.

James D. Northway, M.D.
President and CEO
Valley Children's Hospital
Fresno, California

A. Louise Oliver
Former Special Assistant and
Consultant
U.S. Department of Education
Washington, D.C.

Gerald (Jerry) P. Regier
Acting Director
Bureau of Justice Assistance
U.S. Department of Justice
Washington, D.C.

Hon. Nancy Risque Rohrbach
Government Relations
Consultant
Washington, D.C.

Sarah Cardwell Shuptrine
President
Shuptrine and Associates
Columbia, South Carolina

Josey M. Velazquez
Executive Vice President
Hands in Action
Miami, Florida

Hon. Lowell P. Weicker, Jr.
President and CEO
Research! America
Alexandria, Virginia

David P. Weikart, Ph.D.
President
High/Scope Educational
Research Foundation
Ypsilanti, Michigan

Bernice Weissbourd
President
Family Focus
Evanston, Illinois

Robert L. Woodson
President
National Center for
Neighborhood Enterprise
Washington, D.C.

Barry S. Zuckerman, M.D.
Director
Division of Developmental
and Behavioral Pediatrics
Boston City Hospital
Boston, Massachusetts

David Zwiebel, J.D.
General Counsel and Director,
Office of Government Affairs
Agudath Israel of America
New York, New York

Staff

Cheryl D. Hayes
Executive Director

Carol A. Emig
Deputy Director

Renee Wessels
Communications Director

Joseph A. Cislowski
Policy Analyst

Tamara L. Horne
Policy Analyst

Deborah A. Roderick
Policy Analyst

Marian Rodriguez
Policy Analyst

Jeannine M. Atalay
Administrative Officer

Linda J. Wells
Executive Assistant

Mary Lou Rinehart
Administrative Assistant

Photography by Eric H. Futran

Dear Friends and Colleagues,

One of the tragic ironies of recent decades is that in a period of significant economic growth, the most prosperous nation on earth seems to be failing its children. The evidence of this failure is pervasive. In 1990, children are the poorest group in U.S. society. More than one in five lives in a family whose income is below the poverty level. Every night an estimated 100,000 children or more go to sleep homeless. Malnutrition affects nearly a half million. Despite a generation of medical advances, each day more than 100 American babies die before their first birthday. Each year approximately one million teenage girls become pregnant; and many have babies they are unable to nurture or support. Nearly a quarter of our students experience academic failure and drop out before completing high school. Countless others who graduate lack the basic skills necessary to obtain an entry level job.

The litany of facts and trends has become all too familiar. It is often recited, but too rarely followed up by action. The seriousness of the problems afflicting many of the nation's children and their families is now largely beyond debate. In some cases, effective solutions already exist in formal programs and informal arrangements but fail to reach all those in need. In other cases, new conditions challenge established approaches; while in still others, there is little consensus about what should be done.

The National Commission on Children was created by Congress and the President to "serve as a forum on behalf of the children of the nation." Its establishment reflects a growing public concern and renewed political will to place children at the top of the national agenda. Over its two-year life, the Commission will travel the country to hear from parents, professionals, and children themselves. Our mission is to assess the status of children in the United States and propose new directions for policies and programs. My hope is that we will craft a bold agenda for public and private sector action in the 1990s and build the necessary public commitment to see it implemented.

Members of the Commission come from many walks of life and represent an array of viewpoints, professional affiliations, and political perspectives. We have been moved by the courage and concern of the parents and children we have met, and inspired and humbled by the professionals and volunteers who work every day with children and their families. Yet we have been troubled by much of what we have learned about the current conditions and future prospects of many American children.

This interim report shares some of what we have seen and heard in our hearings, town meetings, site visits, and forums in communities across the country. It also reviews the framework that guides our activities and discusses several of the salient themes and issues that have emerged. Because we are only midway through our inquiry, it is premature for the Commission to offer specific recommendations. Therefore, this report presents a brief summary of our progress to date. While members of the Commission have had a significant hand in shaping this document, they have not been asked to vote on specific language.

In the coming year, the Commission will complete its investigation and deliberations. On March 31, 1991, we will report to Congress and the President. When we began nearly a year ago, it was our hope to produce realistic and far-reaching proposals to benefit America's children. Today, we are well on our way to doing so.

Sincerely,

John D. Rockefeller IV
Chairman

Contents

Children, Families, and the Nation: Adapting to New Realities 7

A Forum for the Nation's Children 11
- *A Developmental Framework* 13
- *Assessing the Status of America's Children* 15
  - *Field Hearings* 15
  - *Public Town Meetings* 15
  - *Site Visits* 15
  - *Forums and Focus Groups* 16
  - *National Opinion Research Project* 17
  - *Corporate Advisory Board* 17

Activities to Date: A Progress Report 19
- *Healthy Mothers and Healthy Babies, Chicago, Illinois* 19
- *Children and Families in Rural America* 21
  - *Part I: The Midwest, Madison, Indiana*
  - *Part II: The South, Bennettsville, South Carolina*
- *Enhancing School Readiness: Support for Early Childhood Development, San Antonio, Texas* 24
- *America's Children and the Drug Crisis, Kansas City, Missouri* 26
- *Making Ends Meet: American Families and the Economy, Charleston, West Virginia* 28

Emerging Themes and Issues 31
- *The Critical Role of Parents and Other Caring Adults* 31
- *Children in Poverty* 33
- *The Pervasiveness of Drugs* 35
- *The Crisis in Health Care* 37
- *The Need for School Readiness* 39
- *Reorienting Services for Children: A Focus on Coordination and Prevention* 42

Opening Doors in the 1990s 45

Appendix: Commission Activities, September 1989 - March 1990 47

Schedule of Activities 48

Children, Families, and the Nation: Adapting to New Realities

The experience of growing up in the United States today is very different than it was just a generation ago. Sweeping social and economic changes since the 1960s have fundamentally altered the form of many American families, the way they live, and the world in which they raise their children. Changing patterns of marriage and family formation, the dramatic entry of women into the paid labor force, and the declining economic status of many families with children have been widely reported and analyzed.

Behind the statistics are real parents and real children. At every income level, in all racial and ethnic groups, and in every region of the country, these changes have challenged the routines, traditions, and family values of generations of Americans. For the nation, they raise important and often troubling questions about the health and well-being of this and future generations of children and the capability and commitment of their parents to care for and nurture them.

Today, children are the poorest group in America. Nationwide, one in five children is poor. In many cities and rural communities, the proportion is even greater. While the causes of childhood poverty are complex and difficult to disentangle, the consequences are painfully clear. From infant mortality and unmet health needs, to school failure and lifetimes of limited opportunity, the personal and societal costs are enormous, and they are rising.

At a time of great national prosperity, many families have both parents in the workforce in order to maintain a standard of living that earlier generations attained with just one income. For the record number of families with only one parent — almost always a mother — even a modest middle-class life is frequently beyond reach. As more mothers enter the workforce, more children than ever before spend a significant portion of their time in the care of adults other than their parents, or they are left alone without adult supervision. And more parents worry that by working to meet their children's economic needs, they may in some way shortchange their children's social and emotional needs.

In the nation's cities, drugs poison our playgrounds and classrooms. A small but growing number of children enter the world with their futures already compromised by their mothers' use of alcohol and drugs, while others watch helplessly as substance abuse destroys the adults upon whom they depend. For youngsters who live amid the crime and violence spawned by drugs and poverty, childhood is a time of fear, anger, and frustration.

MOTHER AND DAUGHTER
CHICAGO, ILLINOIS

Head Start student
La Casa de Niños
Child Development
Center
San Antonio, Texas

In the workplace, technology and global competition demand an American labor force with sophisticated skills and problem-solving abilities. In the voting booth, subtle and complex issues call for thoughtful and knowledgeable citizens. Yet public opinion suggests that many Americans have little confidence in the ability of the educational system to prepare students to fill the jobs of tomorrow and to share in the privileges and responsibilities of citizenship.

The realities of childhood and family life in the last decades of the twentieth century raise serious questions about the reach and effectiveness of existing public and private sector policies and programs to support children and their families. Policymakers, professionals, and parents alike express two related concerns. The first is that many of our young people are reaching adulthood unhealthy, illiterate, unemployable, and without moral direction. Many bear babies they are unable to rear and support, without a vision of a secure future, and at risk of entering a continuing cycle of poverty and dependency. Second, and equally troubling, is that some existing strategies to prevent and ameliorate these problems fail to reach many of the children and families who need them most, and others may not fully reflect recent changes in childhood and family life. Still others may unintentionally weaken parents' autonomy and sense of responsibility for their children.

Throughout the nation, there is also growing recognition that if the United States is to remain a competitive economy and a democratic nation, all sectors of society must appreciate the importance of our children — as future citizens, parents, employees, and taxpayers. As we enter the 21st century, we can ill afford to waste our human resources. To do so will impoverish our nation — culturally, politically, and economically. America's economic interests and its traditional values combine to provide a powerful rationale for public and private sector action.

This confluence of interests and values joins with a growing body of knowledge from scientific research, program experience, and best professional practice. It leads to a broader vision and a new commitment to improve the life prospects of all American children, and it points to promising directions for new initiatives and needed improvements to existing policies and programs. The result is an emerging consensus across the political spectrum: the time has come to find new ways to ensure that the doors of opportunity are open for all of America's children.

STUDENT
DEPUTY ELEMENTARY
SCHOOL
DEPUTY, INDIANA

A Forum for the Nation's Children

The convergence of knowledge, need, and concern about the health and well-being of America's children led Congress and the President to establish the National Commission on Children to serve as "a forum on behalf of the children of the nation." Members of the Commission, appointed in equal numbers by the President *Pro Tempore* of the Senate, the Speaker of the House of Representatives, and the President, bring a spectrum of political and professional perspectives and expertise. Almost all are parents, and some are grandparents.

The goal of the National Commission on Children is to propose policy directions to improve opportunities for all American children to reach their full potential and to enhance the capacity of their families to care for and nurture them.

Several fundamental assumptions underlie this goal:

- Every child, regardless of social, economic, and cultural circumstances, should have the opportunity to become a healthy, literate, secure, economically self-sufficient, and productive adult.

- Families are and should remain the central locus for childrearing. Parents have the natural and primary responsibility for the care and nurturing of their children. Social institutions, including schools, churches, community organizations — as well as government — should supplement and strengthen the role of the family.

- The problems and conditions that threaten the health and well-being of American children and families have evolved over time. Like other complex and difficult issues, they will not yield to easy answers or quick fixes.

- Solutions will take root and produce results only after sustained effort. They will certainly include an array of policies, programs and approaches sensitive to the strengths and values of a diverse nation and to the developmental needs of children and families at different stages in the life span.

- Responsibility for improving the current conditions and future prospects of America's children should be widely shared among individuals, families, communities, employers, the voluntary sector, and government at all levels. Society's commitment to its families and their children must be significant and broad-based.

YOUNG CHILDREN
ROCKWELL GARDENS
HOUSING COMPLEX
CHICAGO, ILLINOIS

In fulfilling its mandate, the National Commission on Children has six basic objectives:

- To review and assess the status of American children and their families.
- To heighten the nation's awareness and understanding of the problems threatening many American children and their families and society's common stake in finding effective solutions.
- To set ambitious goals for improvement in the health and well-being of children and their families by the year 2000.
- To propose priorities for public and private sector policies toward children and their families during the 1990s.
- To identify key strategic steps toward the development and implementation of effective policies and programs.
- To build a broad and strong base of support in all sectors of society for action to enhance the current conditions and future prospects of children and their families.

BEST FRIENDS
DEPUTY, INDIANA

A Developmental Framework

In order to look beyond the existing patchwork of policies and programs and to identify fresh approaches to improve the health and well-being of American children and their families, the Commission adopted a conceptual framework for its work based on the process of growth and change that constitutes child development. Instead of focusing exclusively on existing legislative and administrative structures, the Commission chose to broaden its purview to include fundamental issues concerning children's characteristics and experiences, family roles and relationships, community structures and supports, and the interactions among them that significantly influence child outcomes.

Children's genetic endowment combined with their accumulated life experiences determine the persons they will become. To grow into healthy, competent, and productive adult members of society, children must have their basic health and nutritional needs met. They must acquire the basic skills of modern life. They must develop a sense of moral direction. They need to become socially competent. They must possess a secure and positive sense of themselves and their place in the world. They must become literate, thinking individuals who can solve problems and communicate with one another.

Development is the continuing process by which children come to understand the world, to find their place in it, and to set their course through it. For youngsters who perceive the world as hostile and themselves as helpless to take charge of their environment, development is often restricted. Many of these children will fail to grow into confident, competent, and productive adults. If, on the other hand, they feel secure and their basic developmental needs are met, most children will gain the necessary skills, confidence, direction, and social responsibility to become active citizens, productive employees, and nurturing parents.

This process occurs first and foremost within families, where parents are their children's most important teachers and caregivers. Parents have the primary responsibility to provide for their children, to give them a sense of security and direction that is the firm foundation for future growth and development.

Although the family is the central locus for child development, it does not function in isolation. Other individuals, formal and informal networks of support, schools, religious institutions, the workplace, and government all play a role in the daily lives of parents and children. They can strengthen families' ability to nurture and educate their children — or they can weaken it.

Ideally, all children would be born into strong families with the resources to meet their basic social, emotional, cognitive, and physical needs. They would live

Sleeping baby
Capital High
School Child
Care Center
Charleston,
West Virginia

in safe and secure neighborhoods and communities that support and reinforce the ability of families to rear children. Unfortunately, however, for too many children in the United States today, this is not the case. Many families, especially those living in dangerous and destructive environments, need help to protect their children against adverse outcomes and to ensure that they attain the essential components of healthy growth and development.

In some cases, informal networks of support exist in extended families, cultural groups, and communities to augment the natural strengths of families. Formal interventions — ranging from preventive programs to crisis intervention — seek to supplement informal systems and strengthen individual families. They include an array of programs and clinical approaches, supported and operated by public and private health, education, and social welfare agencies, both large and small, as well as voluntary organizations.

Even the best programs and services cannot inoculate children against failures. But in many cases, they can help children take advantage of opportunities that will present themselves later in school, in work, and in personal relationships. Moreover, they can help families support their children's development and overcome the conditions and circumstances of life that threaten health and well-being.

Assessing the Status of America's Children

From September 1989 to September 1990, the National Commission on Children is undertaking a series of activities to assemble, integrate, and review information on the status of America's children and their families. The Commission's activities will culminate in proposals for public and private sector action on behalf of the nation's children, to be presented to Congress, the President, and the American people by March 31, 1991.

The Commission's major public activities include:

Field Hearings

The Commission is convening seven public hearings on specific topics in urban and rural communities across the country. At these hearings, members of the Commission receive testimony and question expert witnesses on the status of children and their families, the effects and effectiveness of formal and informal initiatives by the public and private sectors to address their needs, the requirements for effective program implementation, and recommendations for policy development. Witnesses are invited from across the country and include an array of public and private sector decision makers, scholarly and professional experts, program and service providers, and corporate and labor leaders, as well as parents and children themselves.

Public Town Meetings

The Commission is convening three town meetings in selected communities across the country so that Commissioners can solicit the views of a wide spectrum of citizens in an open and relatively unstructured public exchange. Town meetings focus on broad topics of public concern, such as substance abuse, or on specific populations of children, such as children in rural communities. In particular, they are effective mechanisms for encouraging parental input into the work of the Commission, and they are useful barometers of public awareness and concern about a range of issues affecting children and families.

Site Visits

Field hearings and town meetings are combined with site visits to relevant programs, institutions, and organizations providing supports and services to children and their families in a variety of settings. Site visits allow Commissioners to see firsthand the circumstances in which some children live and are raised, to

TEENAGER SPEAKS OUT AT STUDENT FORUM KANSAS CITY, MISSOURI

observe service delivery to children and their families, to see model programs in action, and to have extended discussions with service providers and with participating parents and children. Site visits are chosen to illustrate and underscore the major issues addressed in a particular hearing or town meeting.

FORUMS AND FOCUS GROUPS

The Commission is also convening a series of forums and focus groups in conjunction with its hearings and town meetings. These focused discussions allow Commissioners to explore special issues of concern — for example, the presence of drugs in schools and communities, the quality of life in small towns and rural communities, and the special challenges of making ends meet in a changing economy — with groups of adults including religious leaders, teachers, and parents, as well as with children and teenagers.

National Opinion Research Project

To supplement the scholarly knowledge, professional perspectives, and personal insights presented in the hearings, town meetings, site visits, forums, and focus groups, the Commission is conducting opinion surveys to generate nationally representative data on the attitudes and perceptions of children, parents, and the general adult population. These surveys will explore how children and adults view the major social, economic, and demographic changes that have affected family life in recent decades, as well as their perspectives on future prospects for children. This, in turn, will help the Commission frame the major issues affecting children's health and well-being in the most immediate and compelling manner and identify the leverage points around which broad political consensus can develop. The survey results will be released publicly in late 1990. In addition, the Commission will place all data in the public domain, so that it can contribute to the ongoing work of child and family scholars and researchers.

Corporate Advisory Board

Confronting the challenges facing children and families in the United States will require the concerted efforts of Americans from all walks of life and from all sectors of society. The business community has a significant economic stake in the quality of the workforce and the productivity of American industry. Corporate leaders can play a pacesetting role in raising awareness of the need to improve the skills and preparedness of the future labor force and in bringing the worlds of work and family life closer together. Accordingly, the National Commission on Children — charged with developing private as well as public sector proposals to advance the health and well-being of children and their families — is establishing a Corporate Advisory Board to be chaired by Mr. William Woodside, Chairman of Sky Chefs, Inc., and Vice Chairman of the Committee for Economic Development. This board, composed of corporate leaders from an array of industries and firms nationwide, will provide timely input into the Commission's deliberations. It also will be a critical sounding board for private sector proposals and for corporate support for public sector proposals.

Activities to Date: A Progress Report

From September 1989 through March 1990, members of the National Commission on Children traveled to six communities across the country, where they held three hearings, three town meetings, nine site visits, and five forums and focus groups. In every community, the Commission encountered widespread support for its mission, evidenced in consistently large turnouts for its hearings and town meetings and extensive media attention to the issues' raised. In particular, the Commission's town meetings, where citizens were encouraged to speak out, tapped deep and widespread public concern for children. Each town meeting was marked by large and diverse crowds of parents, children, teachers, and other professionals who work with children, as well as a broad cross-section of community residents. Many at the town meetings rose to share their worries, fears, and aspirations for the children of the nation, as well as their suggestions for how to strengthen family life and improve prospects for all children.

Descriptions follow of the Commission's activities in each of the communities it visited. Hearing witnesses, programs visited, and groups participating in forums and focus groups are listed in the Appendix.

Healthy Mothers and Healthy Babies

Chicago, Illinois

September 25, 1989

Children grow and learn from the moment they are born. In the first three years of life, they acquire the fundamental building blocks of physical, emotional, social, and intellectual development. A child's earliest experiences can provide a solid foundation for later physical health, emotional well-being, loving human relationships, and productive achievement.

Most babies in the United States are born healthy and grow into able and productive adults. Some, however, are born too soon, too small, and with serious health problems that place them at heightened risk of dying before their first birthday and leave them vulnerable to lifelong disability.

Young patient
Neonatal Intensive
Care Unit
Cook County
Hospital
Chicago, Illinois

Poor birth outcomes pose high human and financial costs for children, their families, and society. Nearly seven of every 100 babies are born at low birthweight (less than 5.5 pounds). Low birthweight babies are 20 times more likely than those of normal birthweight to die during infancy. They are also more likely to grow up with long-term disabilities and to suffer illness and injuries that severely compromise their physical ability and intellectual growth and development. Low birthweight babies are two to three times as likely as normal birthweight infants to have

handicapping conditions such as chronic lung problems, cerebral palsy, epilepsy, blindness, hearing impairment, and mental retardation.

While several factors contribute to the developmental problems that threaten many of our youngest citizens, the most pervasive is poverty. For those born to mothers who have used drugs and alcohol during their pregnancies and those infected with the AIDS virus, the risk of irreparable harm is even greater.

Over the past decade, a growing body of scientific research and program experience has increased knowledge of how to prevent damage to young children and how to give them a good start in life. Prenatal care, adequate nutrition, immunization, early education, family support, safe and secure homes and neighborhoods, and strong social networks are a few of the important ingredients. Where families and society have made the necessary financial, political, and moral commitment to healthy mothers and healthy babies, there has been dramatic progress in reducing infant mortality and the developmental casualties of early life. Despite medical advances, however, the pace of improvement has slowed, and in some cases reversed itself. More than 30 percent of pregnant mothers receive inadequate prenatal care. Almost 40,000 babies born in the United States each year die before their first birthday. And millions of children fail to receive routine immunizations that can protect them against preventable diseases such as polio, measles, and mumps.

The growing scourge of drugs poses a significant new challenge to the goal of giving all children a healthy start in life. Drug treatment programs are scarce in most communities and often turn away expectant mothers whose pregnancies pose special risks. Large urban hospitals bear the human and financial burdens of caring for infants who begin life already severely compromised by maternal substance abuse. Child welfare systems in cities across the country are overwhelmed by the rapidly rising number of babies abandoned in hospitals at birth and by abused and neglected children in need of care and protective services. Schools face the difficult job of teaching youngsters who enter the classroom with serious learning and behavior problems directly attributable to their parents' drug and alcohol use.

The National Commission on Children traveled to Chicago, Illinois to examine issues related to health and development in the prenatal period and the first three years of life. Commissioners visited the neonatal intensive care unit at Cook County Hospital for a firsthand look at the consequences of inadequate prenatal care and maternal substance abuse. They also traveled to some of Chicago's poorest neighborhoods to observe community-based programs serving expectant and new parents and their children. At each stop, they heard from parents and staff about limited access to prenatal care and the difficulties of raising children

amid the crime and violence endemic to many inner-city neighborhoods. They also saw the effects of intensive family support and parent education services.

Following these site visits, the Commission held its first public hearing, on "Healthy Mothers and Healthy Babies." Among those presenting testimony were public health and hospital directors struggling to cope with rising infant mortality, low birthweight, and the growing number of drug-addicted and AIDS-infected infants; national experts on the design and delivery of prenatal services and on early childhood development; representatives of human service organizations providing early and comprehensive prenatal care and family support; and parents raising children in low-income housing projects.

Children and Families in Rural America

Part I: The Midwest

Madison, Indiana

October 12, 1989

Part II: The South

Bennettsville,

South Carolina

February 15, 1990

Many of this country's oldest, richest, and strongest traditions have their roots in America's small towns and rural communities, where close-knit families, supportive communities, and belief in the rewards of hard work and self-reliance remain strong. Traditional values continue to play a central role in family and community life.

Many recent indicators of child health and well-being in rural America, however, are troubling. Years of improvement in maternal and child health have reversed in the last decade, reflecting the combined effects of poor economic conditions, the difficulties of attracting health professionals to isolated areas, and cutbacks in some federal health programs. Many rural school children lag behind their urban and suburban counterparts on national achievement tests and in college completion rates. A significant proportion of rural youth fail to finish high school. While juvenile delinquency and substance abuse are less prevalent in rural communities than in metropolitan areas, they are increasing at a faster rate. And teen birth rates in many rural areas continue to exceed rates in metropolitan areas.

Despite the prevailing stereotype of poverty as an inner-city phenomenon, one of every four poor Americans lives in a rural area, and one of every four rural children is poor. These children frequently escape public attention because they live in families in which at least one parent works, and because rural families are less likely than urban families to rely on public assistance. Rural poverty is not limited to any one racial or ethnic group. But it is extensive and persistent in minority communities, especially among southern blacks, Native Americans, and the families of black and Hispanic migrant workers nationwide.

RURAL FAMILY
CHARLESTOWN,
INDIANA

Present economic trends in rural America do not promise an easy or secure future for the children and families who live in these areas. Farming, the traditional mainstay of the rural economy, today employs fewer than one in ten rural workers. The 40 percent of rural workers employed in manufacturing also face uncertainty as plant closings and downsizings continue to create problems in communities whose economic fortunes are tied to a few major employers.

At a time when the nation's future workforce needs to be highly skilled and literate, many rural communities are struggling to support and upgrade their educational systems. The same isolation that discourages health professionals from settling in rural communities often prevents teachers from pursuing careers in rural schools. An eroding tax base only intensifies the difficulties associated with delivering quality education. Already, a significant number of young and well-educated rural citizens are migrating to cities and suburbs. If this trend continues, it can only make it more difficult for rural communities to attract new, high-tech industries.

In many respects, rural America today is at a crossroads, and prospects for rural children and their families — regardless of income — are uncertain. The economic changes of recent decades may prove to be the catalyst for dramatic improvements in health care, education, and social services, or may leave present and future gen-

erations of rural children with fewer opportunities than earlier generations or than their counterparts in metropolitan America.

To explore these issues, the National Commission on Children held two town meetings on "Children and Families in Rural America." The first, held in Madison, Indiana, was attended by more than 500 parents, children, teachers, and other citizens. The second, held in Bennettsville, South Carolina, drew almost 1,000 people.

In each of these meetings, Commissioners heard a great deal that was heartening, as citizens expressed pride in their communities and reaffirmed the fundamental value of strong, close families. But many who spoke out also expressed concern and frustration about forces they believe threaten the security of their communities and the future of their children and families — growing moral confusion, economic uncertainty, the increasing role of government in their private lives, and the lack of access to needed services. In Madison and in Bennettsville, many working families had no health insurance. Access to health care was further limited by the small number of providers and the distances that many families must travel to see a doctor or get to a hospital. Teachers and students alike expressed frustration over the limits of the educational system. Parents worried about their ability to make ends meet in a fragile economy. And young people expressed their intentions to seek economic opportunities beyond their hometowns.

In Madison, adults and young people who participated in the town meeting expressed concern about the encroachment of urban problems such as juvenile drug use and delinquency. They worried about the growing number of children left on their own during non-school hours. And they asserted the central role and responsibility of parents in providing care and direction for their children.

In Bennettsville, Commissioners also explored some of the challenges facing rural children and their families in a series of small group discussions. Black ministers spoke movingly of the time pressures on two-earner families with children, declining moral values, and the paucity of recreational opportunities for young people. Health care providers shared their perspectives on the failing system of care for pregnant mothers and children. State officials identified the difficulties of federal-state cooperation as well as the challenges and potential rewards of interagency coordination among health and human services. High school honor students shared their hopes and and plans for the future, while young men detained in a maximum security prison told of their own often troubled childhoods, their broken families, and their limited hopes for the future.

Enhancing School Readiness: Support for Early Childhood Development

San Antonio, Texas

November 27 - 28, 1989

The early childhood years (ages three to six) are a crucial period of human development. A child's experiences during these years significantly affect later school success. Research indicates that children whose basic needs for health care, adequate nutrition, a safe environment, loving caregivers, and appropriate developmental stimulation are met are more likely to complete high school, attend college, and secure jobs. In contrast, children who are at risk during this period, due to poor health, an unsafe environment, lack of parental attention and nurturing, or inadequate or inappropriate stimulation, often experience serious developmental problems. They are at higher risk of early academic failure, and many drop out before completing high school. As a consequence, they often fare poorly in the job market and fail to become economically self-sufficient.

Unfortunately, the basic health and developmental needs of many American children are not being adequately met at home or in the other settings where they receive care. In particular, children raised in poverty, children with disabilities, children whose first language is not English, and children from highly stressed or disorganized families often do not begin school as ready as their more advantaged classmates. As a consequence, they are at increased risk of school failure.

Many young children are still cared for solely by their parents — by mothers or fathers who are not in the labor force and by parents who juggle their work schedules in order to care for their children themselves. Yet the growing participation of mothers in the paid labor force over the past two decades has meant that more and more youngsters are in the care of adults other than their parents, and many are in group programs in out-of-home settings. Over time, a diverse array of early childhood programs has developed. These vary from informal arrangements in the homes of relatives and neighbors to more formal programs in schools, churches, and child care centers. Some are primarily custodial, while others stress educational enrichment. The diversity of these programs reflects varied demand and ability to pay for services among families in different social, economic, and cultural circumstances. On the one hand, this diversity gives parents a wide array of options from which to choose. On the other hand, it raises concern over the extent to which such an uncoordinated system meets the developmental needs of all the young children it serves.

A growing body of scientific research on the developmental effects of early intervention indicates that many youngsters, especially those from low-income families, benefit from early childhood programs. However, the benefits of a

Preschoolers
Capital High
School Child
Care Center
Charleston,
West Virginia

program depend primarily on its quality, and quality varies dramatically from program to program and provider to provider. Unfortunately, not all families have access to the type of care they seek at a price they are able or willing to pay, and not all young children in out-of-home care are in quality programs. In particular, children who are at greatest risk of educational failure — those from economically disadvantaged and highly-stressed families — are the least likely to be in high quality early childhood programs. Many families, especially those who are poor and those whose children have special needs, fall through the cracks. They frequently lack access to affordable, developmentally appropriate child care and child development services. And even where these programs exist, some parents lack the time, knowledge, and financial resources required to locate and secure a place for their children.

Once strictly a private family matter, child care and early childhood education have become topics of heated public debate. At the national, state, and local levels, policymakers, professionals, and parents express strongly held views on how and to what extent government and the private sector should be involved in the development, design, and financing of early childhood programs — and which families should have priority in the distribution of scarce public resources.

In a San Antonio, Texas hearing on "Enhancing School Readiness," the National Commission on Children explored issues concerning the availability,

affordability, and quality of early childhood programs, as well as the feasible and appropriate roles of government and the private sector in enhancing the ability of families, regardless of care arrangements, to provide for their young children's healthy development. Witnesses included early childhood scholars and researchers, individuals responsible for the design and administration of state and municipal early childhood programs, corporate leaders, and parents.

In San Antonio, Commissioners visited programs serving Hispanic children and families, the nation's fastest growing minority population. They visited an innovative public school in one of the poorest school districts in Texas, where they observed a bilingual kindergarten class, a preschool program for children with physical and mental disabilities, and an English class for Spanish-speaking parents. Commissioners also observed a full-day Head Start program providing comprehensive child development and child care services to low-income families.

AMERICA'S CHILDREN AND THE DRUG CRISIS

KANSAS CITY, MISSOURI

DECEMBER 11, 1989

National polls indicate that Americans perceive the drug crisis as the most significant threat to our nation's well-being. Although casual substance use among middle-class youth actually declined somewhat in the 1980s, use and abuse among low-income youth have escalated. As a consequence, drugs and alcohol severely compromise the health and safety of many American children and their families. Use by pregnant mothers impairs the health and threatens the long-term development of their children. Increasing rates of child abuse and neglect are frequently attributable to parents' substance use. Drug-related emergency room episodes are skyrocketing, and drug use is responsible for thousands of transmissions of the deadly AIDS virus. Moreover, the incidence of drug-related deaths has increased sharply in the past several years as inner-city neighborhoods across the nation have been devastated by the crime and violence associated with a thriving drug trade.

Programmatic experience, while limited, includes prevention efforts, treatment programs, and law enforcement activities. A variety of substance abuse education and prevention programs for elementary and secondary students are being tested and evaluated in schools and communities across the country. Health and social service professionals struggle to design, implement, and maintain stable funding for treatment programs for different populations of addicts, including teenagers and expectant mothers, while public officials, employers, and insurers search for reasonable financing mechanisms. At the same time, law enforcement officials battle to decrease the supply of illicit drugs at our national borders and on our city streets.

Teenager in a drug rehabilitation program
Adolescent Center for Treatment
Olathe, Kansas

The National Commission on Children traveled to the Kansas City metropolitan area to consider issues concerning the effects of the drug crisis on American children and their families. Commissioners visited the school district of Independence, Missouri, where a comprehensive program to prevent drug and alcohol use and to promote children's health and well-being is underway, supplemented by a unique insurance plan to finance substance abuse treatment. They also met with teenagers in the Johnson County Adolescent Center for Treatment, a residential drug treatment program in Olathe, Kansas. In a forum with inner-city high school students from Kansas City, Missouri, Commissioners heard firsthand the fear, anger, and frustration of young people whose schools and neighborhoods are in the grip of an often deadly drug trade. They were heartened by the determination and commitment of teenagers striving to avoid the peer pressure to use and sell illicit drugs. At a town meeting that evening on "America's Children and the Drug Crisis," more than 500 citizens from across the metropolitan area turned out to express their concern over the threat that drugs and alcohol pose to children, adolescents, and families of all backgrounds and incomes. Many recovering addicts and alcoholics and their children told their own poignant stories of the consequences of parental substance abuse.

MAKING ENDS MEET: AMERICAN FAMILIES AND THE ECONOMY

CHARLESTON, WEST VIRGINIA

MARCH 26, 1990

Over the past two decades, significant economic and social trends have dramatically altered the economic conditions of American families with children. Stagnating wages for some categories of workers and the growing number of single-parent families have exerted a strong downward pull on median family income. In contrast, the entry and attachment of mothers to the paid labor force have bolstered the economic status of some families, especially those with two earners. Family incomes have also become less equally distributed in recent years. In particular, for single-parent families, young families with children, and two-parent families with a displaced worker, poverty has become more widespread.

The dynamics of poverty differ depending on family composition. Among two-parent working families, poverty fluctuates widely from year to year and is highly dependent on wages and income. In contrast, poverty among single-parent families is generally sustained, and it reflects the vulnerability of having only one parent, usually a mother who is a low-wage earner, as the sole source of both economic support and nurturance.

The effects of growing up poor are complex and not well understood. Recent studies indicate that child development reflects the intricate interaction of many factors present in a child's home, school, neighborhood, and culture. While some of these influences support and enhance a child's health and well-being, others endanger them. The balance between these protective and risk factors significantly affects child outcomes.

Children growing up poor generally confront more risk factors and benefit from fewer protective or supportive factors than their more advantaged peers. A highly-stressed and disorganized family environment, limited access to health care and quality early childhood development programs, substandard housing and often dangerous neighborhoods, poor schools, and limited job prospects can all combine to place a low-income child in jeopardy of a lifetime of dependency and restricted opportunities.

A wide-ranging public debate has ensued in recent years over the causes of poverty and ways to overcome it. One result is the Family Support Act, enacted by Congress in 1988 and now being implemented at the state level. The new law fundamentally changes the Aid to Families with Dependent Children (AFDC) program by strengthening work, education, or training requirements for most heads-of-households receiving public assistance; strengthening child support enforcement; and extending Medicaid and child care assistance during the transition from welfare to work. Other policy options, including proposals to provide

PRE-KINDERGARTEN CLASS, CHARLES C. BALL SCHOOL
SAN ANTONIO, TEXAS

REORIENTING SERVICES FOR CHILDREN: A FOCUS ON COORDINATION AND PREVENTION

The present system of supports for children and families is an amalgam of public and private services and programs delivered by a diverse group of professionals, paraprofessionals, and volunteers. It operates in a variety of settings and is financed by federal, state, local, or private funds, or by a combination of these sources. In many respects, this system reflects the diversity of American society and a traditional desire to limit state involvement in family life. In some instances, it has produced a rich, diverse, and extensive network of assistance to children and families.

Nevertheless, a high degree of fragmentation discourages attention to the multiple and interrelated needs of many children and families, particularly those in low-income communities. Health care, mental health services, nutrition assistance, education, compensatory preschool, and other forms of support frequently operate in different locations and under different auspices. The design

economic relief or assistance to low-income and working poor families through the tax code, continue to be discussed.

In Charleston, West Virginia, the National Commission on Children explored the economic frustrations and challenges facing American families with children in a hearing on "Making Ends Meet: American Families and the Economy." National experts presented different viewpoints and perspectives on the causes and consequences of childhood poverty and outlined an array of alternative solutions. Commissioners traveled to communities outside Charleston to visit families devastated by the decline of employment opportunities in manufacturing and mining and the failure of new industries to fill the employment void. In a forum with parents from Charleston and surrounding communities, Commissioners heard firsthand about the pride and determination — and sometimes the disillusionment — of parents who are struggling to make ends meet and to provide their children with a better life than they had themselves.

FAMILY
SHREWSBURY,
WEST VIRGINIA

CABIN
AND

Emerging Themes and Issues

At this interim stage, it is premature to offer even tentative recommendations for future policy and program development. Over the coming year, the Commission will continue its investigation and deliberations to develop bold proposals for public and private sector action that the majority of Americans, regardless of political affiliation, can embrace.

Nevertheless, several common themes and issues have emerged from the Commission's hearings, town meetings, forums, focus groups, and site visits to date. They are presented here with the understanding that they will continue to evolve and develop as the study proceeds.

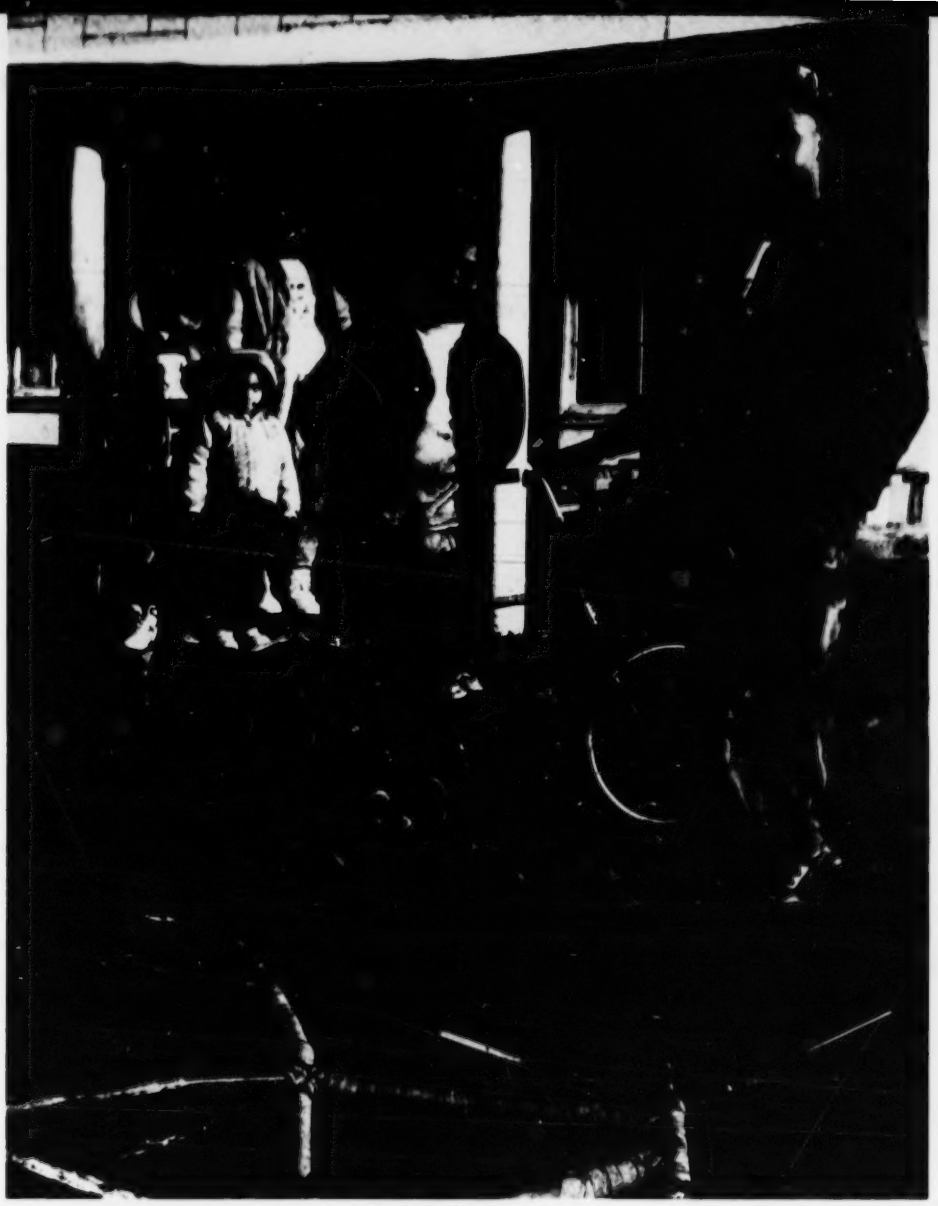
The Critical Role of Parents and Other Caring Adults

Families are and will remain the primary institution for childrearing in our society, just as parents are and will remain their children's first and most important teachers, providers, and caregivers. The privilege of parenthood carries with it responsibility for the physical, social, and moral development of future generations of Americans.

Father and son
Eskdale,
West Virginia

These tenets concerning the intrinsic value of family life and the critical role of parents seem self-evident. Yet the dramatic social, demographic, and economic changes of the past two decades have fundamentally altered the roles and relationships between many parents and their children, as well as the routines of their daily lives. Throughout society, there is growing concern about the extent to which many parents are failing to fulfill their essential childrearing responsibilities. The rising number of female-headed families means that more and more children are growing up without the consistent presence of a father in their lives. The increase in mothers' labor force participation means that many parents and children, even those in two-parent families, are spending less time together than either would like and perhaps need. And the rising number of births to young unmarried teenagers who lack the maturity, economic means, and parenting skills to care for themselves and their offspring means that a growing population of children is falling victim to a recurring cycle of poverty and hopelessness.

While there are many expressions of sympathy and compassion for mothers struggling to raise children alone — and admiration for those who carry the double burden of sole breadwinner and caregiver — few would assert that it is easier or preferable for families to rear children without the involvement and support of both parents. Research on the dynamics of income and poverty indicates that the presence of two parents offers children substantial (though not



Extended family
Bennettsville,
South Carolina

absolute) protection from sustained poverty. At the same time, research on child development emphasizes the important and positive effects on children of close and lasting relationships with their fathers as well as their mothers.

Many children are fortunate to have the love and support of their parents supplemented by warm and supportive relationships with other caring adults, including extended family members, teachers, religious leaders, professional service providers, and community volunteers. In communities large and small, caring adults frequently make the critical difference whether children fall between the cracks and fail or whether they thrive and succeed. They make young people feel safe and special, provide guidance and strong role models, and offer encouragement and emotional support. Although these individuals can never supplant the essential role of parents, they can and do supplement and reinforce the care and nurturing provided by mothers and fathers. Unfortunately, however,

caring adults are not always available for those children who most need time and attention. The decline of volunteerism, government policies that discourage informal responses to individual and community needs, and the lack of resources to train and compensate qualified professionals are all cited as possible causes. Regardless of the cause, however, the result is that for many adults, children have declined as a priority. Yet there is growing recognition that as a society we must find creative ways to restore the ability and willingness of parents and other caring adults to provide time and attention as well as financial resources that are essential to the health and well-being of America's children.

Children in Poverty

On average, U.S. children are economically better off in 1990 than they were in the 1960s, primarily because of rising family incomes through 1973 and the smaller number of children in most American families. Nevertheless, the economic profile of the average U.S. child does not capture the growing disparity among families with children. Levels of income and assets among minority children, though greater than in the 1960s, remain far below those of white children, especially for those in single-parent families. Overall, economic inequality among children and their families has increased substantially over the past generation.

Census data indicate that after steady and dramatic decreases in the 1960s, childhood poverty began to increase in the 1970s, peaking at 22 percent in 1983 and remaining stubbornly above 20 percent to this day. The national rate, however, masks even more intense poverty in inner-city neighborhoods and some rural communities. Almost one in three urban children and one in four rural children live in families whose incomes are below the poverty level. Although poverty is not limited to any single group in society, minority children are substantially more likely to grow up poor than are white children. Forty-five percent of black children and 39 percent of Hispanic children were poor in 1987, compared to 12 percent of white children.

Increasingly, family structure is the chief determinant of whether a child will grow up in poverty. The children of single parents are five times as likely to be poor as children born to married couples. Today, more than half of all children living in single, female-headed households are poor. Although children in two-parent families also experience poverty, marriage and the earnings of a male head-of-household are often a buffer against sustained economic disadvantage.

Parental employment, however, does not always guarantee an escape from poverty. Among poor, two-parent families, 44 percent have a full-year, full-time worker. Another 25 percent have one or two adults who work at least part-time

YOUNG BOY
CHICAGO, ILLINOIS

or part of the year. Almost 40 percent of poor single mothers work at least part-time or part-year. In many respects, these working poor families face the harshest dilemma of all. Their incomes preclude or seriously diminish welfare payments, food stamps, and other means-tested forms of public assistance. To the extent that a family's Medicaid participation is pegged to eligibility to receive Aid to Families with Dependent Children, working poor families often have no health coverage, since many low-paying jobs do not include insurance benefits. For single mothers and two-earner families with low incomes, child care expenses can consume more than a third of their annual incomes.

Traveling across the country, Commissioners met many children whose personal resilience and support from parents and other caring adults will shield them from the worst consequences of poverty. Nonetheless, poor children in America are in double jeopardy. They have the most health problems and the least access to care. They are growing up in families that experience the most stress, yet receive the least social support. They are at the highest risk of educational failure, and often they attend the worst schools. They are in the greatest

danger of following paths that jeopardize their futures, yet they enjoy the fewest legitimate job opportunities.

In addition to tremendous personal costs, childhood poverty imposes enormous long-term costs on the nation, threatening both our economic vitality and our democratic traditions. Industry leaders and small business owners alike express growing concern about the limited skills and potential of many new workers. The realization that a significant proportion of citizens will have neither the stake in society nor the education necessary to address the difficult issues that will confront the nation in years to come threatens the soul of a self-governing people. Moreover, the widening gap between rich and poor — and the increasing number of children at risk of repeating their parents' poverty — should enhance our resolve to make equal opportunity and the rewards of hard work a reality for all Americans. Abraham Lincoln's admonition that a house divided cannot stand takes on a new but equally compelling meaning when viewed through the prism of a generation of children who have known sustained poverty.

The Pervasiveness of Drugs

Across the nation, the sale and use of illegal drugs have burst upon our national consciousness — both as a threat to children's health and well-being and as a source of increasing crime, violence, and family dissolution. Commissioners visited neighborhoods and schools under a reign of terror imposed by powerful street gangs who control the drug trade and employ teenagers and even younger children. They confronted high school students who were angry that the responsible adults in their lives, including police, teachers, and parents, were unable or unwilling to protect them from danger and violence. They heard from young people who long for strong adult role models to help them resist the intense peer pressure to become a part of the drug culture and who beg for viable economic alternatives to the lure of easy drug money. And they were moved by the quiet courage of adolescents struggling to overcome alcohol and drug addictions.

The devastating effects of drugs, especially crack cocaine, on the health and safety of American children and their families are readily apparent. Health crises such as elevated drug-related emergency room episodes, the high number of transmissions of the AIDS virus associated with drug use, and the growing number of pregnant women abusing drugs have placed enormous strains on the nation's public health system. Violent crime and a thriving and ruthless drug economy tax the resources of the law enforcement and criminal justice systems. Alarming increases in child abuse and neglect resulting from parental substance abuse

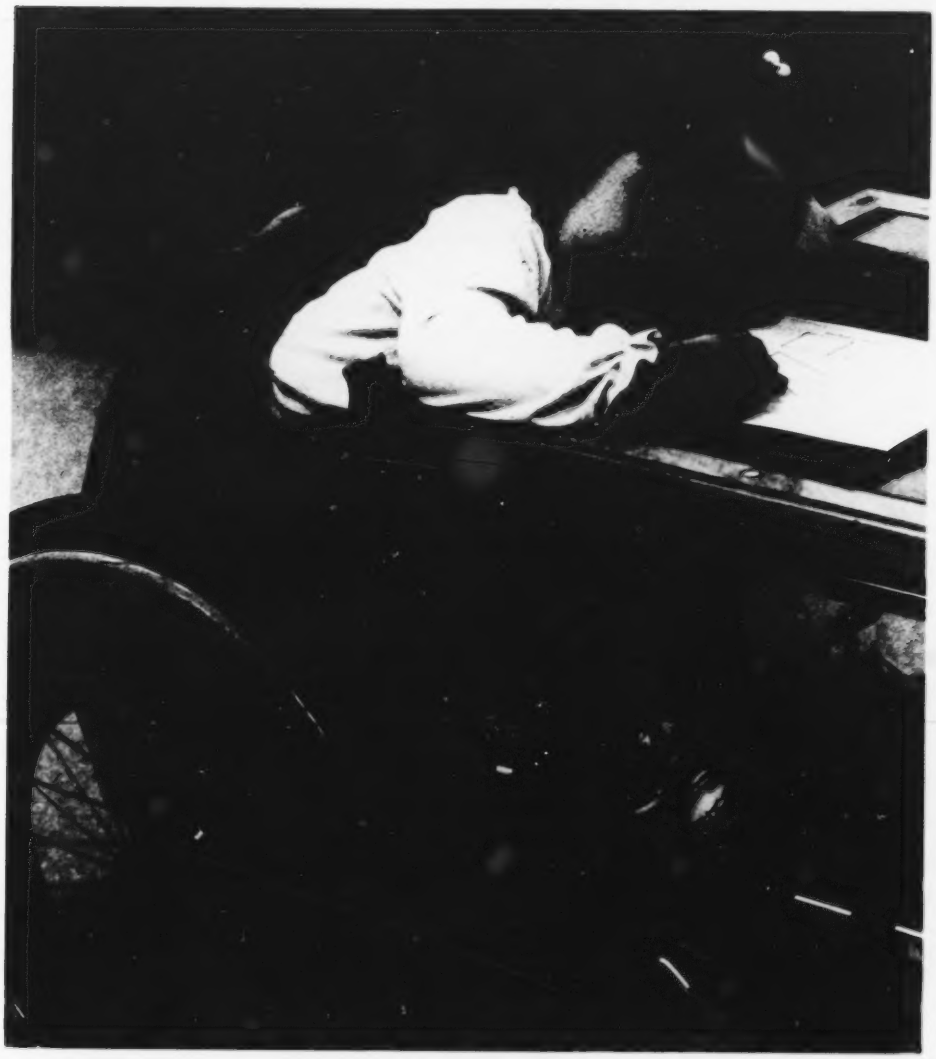
TEENAGERS
CHICAGO, ILLINOIS

threaten to overwhelm the already strapped child welfare systems of most states. And everywhere, treatment programs compete with prevention efforts for scarce financial resources.

The nation's anti-drug strategies are, to a large extent, still in a formative stage. Programmatic efforts vary widely from prevention and treatment to prosecution and interdiction, and many have yet to be rigorously evaluated. Across the country, policy discussions are characterized by vigorous debate over where and how to marshall public and private resources to achieve the greatest positive effect. Nevertheless, public officials, professionals, and parents alike agree on the urgency of the problems created by the escalating drug crisis and the need to find responsive solutions.

The Crisis in Health Care

Throughout the nation, the health concerns of children and parents are painfully evident. In many rural communities and inner-city neighborhoods, health care providers are scarce, and their time, talents, and patience are stretched to the breaking point. At town meetings, forums, and site visits, Commissioners met working parents who had no health insurance and children who have not received even the most basic preventive health care. City officials worried aloud over the desperate shortage of drug treatment programs — for anyone, but especially for pregnant women.



Preschooler
Coronado-Escobar
Elementary School
San Antonio, Texas

The consequences of limited access told the most poignant story of all. Infant mortality rates are worse in many U.S. cities — where babies die at rates exceeding 30 deaths per 1,000 live births — than in some developing nations. While Medicaid is an important means of health care financing, only about half of income-eligible children are covered. Less than half of the children eligible for preventive health care through Medicaid's Early and Periodic Screening, Diagnosis and Treatment program actually receive services. The neonatal intensive care units of city hospitals are populated with a growing number of low birthweight babies, many born to mothers who received little or no prenatal care, and many who exhibit the tremors characteristic of drug exposure. Counseling and mental health services are often not available to children and youth until long after their problem behavior results in a crisis for themselves, their families, and their communities.

In some cases, limited access goes hand-in-hand with poverty, especially for working poor families who do not receive employer-provided insurance, who are not eligible for Medicaid coverage, and who cannot afford private insurance premiums. In many states and cities, the combination of high malpractice premiums, a high-risk caseload, and below-market Medicaid rates discourages physicians from accepting publicly insured patients. In many rural communities, geographic isolation and the lack of transportation create additional barriers.

Beyond geographic and financial barriers, however, are barriers imposed by the way health services are organized and by patients' poor understanding of the importance of basic preventive health care. Parents and professionals highlight the need to deliver health services — particularly maternal and child health care and health education — in a context that recognizes other, often competing, needs of low-income, isolated, and highly stressed families. For parents living in substandard conditions, for example, the search for adequate housing or finding a way to put the next meal on the table may take precedence over a routine prenatal visit. This is particularly likely when an expectant mother perceives no problems with her pregnancy and keeping an appointment entails a several hour wait at a clinic that is open only during traditional working hours.

Clearly, the health care crisis in this country extends well beyond the needs of children, affecting other segments of our population as well. But limited access — and its often dire consequences — is particularly troubling with respect to children and expectant mothers, since these are the populations for whom preventive care has been shown to be most effective and most cost-effective.

Student
Deputy Elementary
School
Deputy, Indiana

The Need for School Readiness

The results of a decade of attention to education reform are evident in many schools across the country. From before- and after-school care and bilingual kindergarten, to parent education programs and Russian classes by satellite, creative and experimental approaches to expand children's educational opportunities are burgeoning in large and small school systems, public and private, nationwide.

Renewed emphasis on basic skills training and stricter requirements for matriculation and graduation represent efforts to ensure that all students acquire essential literacy and problem-solving skills.

Yet many fundamental lessons from years of research and programmatic experience have not been fully incorporated into educational policy and practice. Significant in this regard is the continued absence of strong links between elementary schools and early childhood programs. Research indicates the importance of preschool learning and socialization for school readiness and later school success. Nevertheless, only a fraction of the children who would benefit most from high quality early childhood programs have access to Head Start and other community-based initiatives. Among the children with least access are those from low-income and highly-stressed families, those with disabilities, and those for whom English is not their first language.

In order to learn, children must be healthy. They must be fed and rested and secure. Yet the population of young students who are entering the nation's schools ill-prepared for the demands of formal education and at heightened risk of academic failure is growing rapidly because so many fail to get a healthy and secure start in life. Individual teachers often express concern about the complex lives and multiple needs of many of their students, as well as frustration over their limited ability to lend support. Equally disturbing is the failure of many school

SCHOOL CHILDREN
CHARLESTON,
WEST VIRGINIA

HEAD START STUDENT
LA CASA DE NIÑOS
CHILD DEVELOPMENT
CENTER
SAN ANTONIO, TEXAS

systems and education reform efforts to acknowledge or adapt to the circumstances and special needs of this new, and frequently troubled, generation of young people. At a time when the conditions of many children's lives call for increased flexibility, many school systems are becoming more rigid and less accommodating. There is little evidence that the educational system in most states and communities feels any kinship or common purpose with the health and social service systems, the community organizations, or the informal networks of support that also serve needy and troubled children and their families.

and delivery of these services often reflect different (and sometimes conflicting) professional orientations, and the agencies that administer them may espouse different missions. Yet in many cases they serve the same children.

Time and again, the absence of coordination has led to costly duplication and serious omissions. Parents attempting to locate services frequently confront cumbersome and conflicting eligibility criteria and intake procedures, often they have to travel to different service delivery locations, and sometimes they receive contradictory information and direction. This labyrinth is at best discouraging and at worst denies help to parents and children in need. Yet coordination is easy to talk about but difficult to achieve. It raises complex financial, legal, and professional issues that will not be readily resolved.

In some cases programs serving children fail to reach out to and involve their families. Even though most children who receive services live in families, service providers often fail to recognize the significant role that parents and other family members can play in the short- and long-term effectiveness of prevention and treatment efforts.

In addition, existing children's services tend to emphasize the treatment of problems rather than their prevention. With notable exceptions, such as maternal and child health programs and Head Start, many services for children and families are problem-driven, with eligibility triggered by a damaging incident, such as child abuse, or an identified condition, such as a physical or mental disability. Although prevention programs providing family support, parent education, and positive alternatives to drug use or teenage pregnancy exist, they are more often models of what ought to be than examples of what is common.

The tradeoffs between prevention and treatment remain controversial. The reallocation of limited health and social service dollars is difficult in the face of individual children and families experiencing severe problems for which existing medical technology and clinical approaches offer predictable remedies. Broad-based prevention initiatives often do not yield immediate benefits even though they frequently hold the possibility of long-term savings in both human and financial terms. The old adage, "Pay now or pay later," reflects the difficult and often value-laden assessment of current and future costs and benefits to children, their families, and society as a whole.

Opening Doors in the 1990s

The 1990s present this nation with a rare combination of challenges and opportunities. The social disorganization, poverty, crime, and hopelessness that grip many urban neighborhoods — and the new stranglehold of drugs — threaten to relegate whole groups of children to permanent second-class status. Health care financing and delivery are high on the agenda of national, state, and local officials, as families, employers, and health providers all struggle to improve a system that frequently fails to provide even the rudiments of basic care to many families with children. Corporate leaders warn with mounting urgency that our future prosperity and our status as a world economic power are threatened by the declining skills and abilities of many graduates of American high schools — and by the virtual unemployability of those who fail to graduate. From many corners, there is growing recognition of the need for parents and other caring adults to devote time and attention as well as financial resources essential to children's healthy growth and development.

STUDENT
SYCAMORE HILLS
ELEMENTARY SCHOOL
INDEPENDENCE,
MISSOURI

But there are also encouraging signs of public support for improving the future prospects of the nation's children. In virtually every state in the union, school reform efforts, early childhood initiatives, and experimental health and social service programs are underway. As states continue to implement the Family Support Act, they face choices that hold considerable promise for many poor children and parents. The shame of childhood poverty, the menace of drugs, and the crises in health care and education are increasingly uniting Americans of different political persuasions in a concerted effort to develop far-reaching solutions.

Members of the Commission have identified several emerging themes and issues in their review of the status of American children. Some, especially the critical importance of parents and caring adults in children's lives, offer considerable hope. Others, including childhood poverty, limited access to health care, and drug use, are complex and present difficult choices to policymakers and the public. Still others, especially those related to school readiness and to improving the delivery of services to children and families, are being addressed by policies and programs in states and localities across the country.

Less than a year into its inquiry, this Commission is reluctant to offer premature proposals. But the children and parents who shared their hopes, fears, and concerns are a constant reminder of how much is at stake. As a democracy, an economy, and a compassionate society committed to liberty and justice, we suffer

from the wasted talents and potential of even a single child. The doors of opportunity must be open to all children in this country.

In one year, the National Commission on Children will announce its proposal for action on behalf of the nation's children. It will be bold, and it will require the attention of every American. Moreover, it will almost certainly entail difficult choices about national priorities in an era of limited new public resources. But the tradeoffs are painfully clear to those who care to look. We can recognize the need to support our children and their families, or we can pay the higher moral and financial costs of continued decline and increasing polarization.

As required by law, the Commission will report to Congress and the President. But it also will present a challenge to the nation — and a promise to our children.

YOUNG BOY
SHREWSBURY,
WEST VIRGINIA

Appendix: Commission Activities, September 1989 - March 1990

HEALTHY MOTHERS AND HEALTHY BABIES

Chicago, Illinois
September 25, 1989

SITE VISITS

Neonatal Intensive Care Unit, Cook County Hospital
Family Focus Lawndale
Marillac House, Rockwell Gardens Project
Winfield/Moody Health Center, Cabrini-Green
Erie Family Health Center, West Town

HEARING WITNESSES

Sarah Brown, Visiting Scholar, National Forum on the Future of Children and Families, Institute of Medicine and the National Research Council, Washington, D.C.
Judy Langford Carter, Executive Director, The Ounce of Prevention Fund, Chicago, Illinois
Maureen Hallagan, M.S.W., Director of Project Hope, Marillac House, Chicago, Illinois
Margaret Heagarty, M.D., Director of Pediatrics, Columbia University Harlem Hospital Center, New York, New York
Patricia Johnson, Casefinder, Westside Future, Chicago, Illinois
Richard Krieg, Ph.D., Acting Commissioner of Health, Chicago, Illinois
Vivian Louis Burnett, Casefinder, Westside Future, Chicago, Illinois
Theresa Palmer, Parent and MarillAc House Participant, Chicago, Illinois
Rosita N. Pildes, M.D., Chairman, Division of Neonatology, Cook County Hospital, Chicago, Illinois
Jack P. Shonkoff, M.D., Chief of the Division of Developmental and Behavioral Pediatrics, University of Massachusetts Medical School,Worcester, Massachusetts
Reed V. Tuckson, M.D., Commissioner of Public Health, Washington, D.C.

CHILDREN AND FAMILIES IN RURAL AMERICA, Part I: The Midwest

Madison, Indiana
October 12, 1989

TOWN MEETING

Madison Consolidated High School

CHILDREN AND FAMILIES IN RURAL AMERICA Part II: The South

Bennettsville, South Carolina
February 15, 1990

FORUMS AND FOCUS GROUPS

Focus group with incarcerated youth, Evans Correctional Institution
Roundtable with the Interdenominational Ministerial Alliance, Shiloh Baptist Church
Student forum, Marlboro County High School
Roundtable discussion with rural health care providers, Marlboro County High School

TOWN MEETING

Marlboro County High School

ENHANCING SCHOOL READINESS: SUPPORT FOR EARLY CHILDHOOD DEVELOPMENT

San Antonio, Texas
November 27-28, 1989

SITE VISITS

Coronado-Escobar Elementary School
La Casa De Ninos Child Development Center

HEARING WITNESSES

Barbara Bowman, Director of Graduate Studies, Erikson Institute, Chicago, Illinois
Valerie Bryant, Parent, San Antonio, Texas
Peggy Cortez, Parent and Participant in the Avance Program, San Antonio, Texas
Fernando Guerra, M.D., Director of Health, San Antonio Metropolitan Health District, San Antonio, Texas
Sharon L. Kagan, Ed.D., Associate Director, Bush Center in Child Development and Social Policy, Yale University, New Haven, Connecticut
Ann Sanford, Director, Chapel Hill Training / Outreach Center; Co-Chair, North Carolina Interagency Coordinating Council for P.L. 99-457, Chapel Hill, North Carolina
William Woodside, Chairman, Sky Chefs, Inc.; Vice Chairman, Committee for Economic Development; Former Chairman and CEO, Primerica Corporation, New York, New York
Aletha Wright, Administrator, Office of Child Care Development, New Jersey State Department of Human Services, Camden, New Jersey

AMERICA'S CHILDREN AND THE DRUG CRISIS

Kansas City, Missouri
December 11, 1989

SITE VISITS

Sycamore Hills Elementary School, Independence, Missouri
Johnson County Adolescent Center for Treatment, Olathe, Kansas

FORUMS AND FOCUS GROUPS

Student forum with high school students from the Kansas City, Missouri School District, Genesis School and De La Salle Education Center, John Thornberry Unit of the Boys and Girls Clubs of Greater Kansas City

TOWN MEETING

Pierson Hall, University of Missouri-Kansas City

MAKING ENDS MEET: AMERICAN FAMILIES AND THE ECONOMY

Charleston, West Virginia
March 26, 1990

SITE VISIT

Home visits, Charleston and rural West Virginia

FORUMS, FOCUS GROUPS AND DISCUSSIONS

Meeting with state officials, Governor's Mansion
Parent forum, YWCA of Charleston

HEARING WITNESSES

Samuel Bonasso, Chairman, Governor's Task Force on Children, Youth, and Families, Charleston, West Virginia
Honorable Gaston Caperton, Governor of West Virginia, Charleston, West Virginia
David T. Ellwood, Ph.D., Professor of Public Policy, John F. Kennedy School of Government, Harvard University, Cambridge, Massachusetts
Lawrence M. Mead, Ph.D., Assistant Professor of Politics, New York University, New York, New York
Isabel V. Sawhill, Ph.D., Senior Fellow, The Urban Institute, Washington, D.C.
Sue H. Serga, Executive Director, Community Council of Kanawha Valley, Charleston, West Virginia
Timothy M. Smeeding, Ph.D., Professor of Public Policy and Economics, Vanderbilt University, Nashville, Tennessee
Terry Williams, Ph.D., Visiting Scholar, Russell Sage Foundation, New York, New York

Schedule of Events

SEPTEMBER 25, 1989
FIELD HEARING
Healthy Mothers and Healthy Babies
Chicago, Illinois

OCTOBER 12, 1989
TOWN MEETING
Children and Families in Rural America
Part I: The Midwest
Madison, Indiana

NOVEMBER 27 - 28, 1989
FIELD HEARING
Enhancing School Readiness: Support for Early Childhood Development
San Antonio, Texas

DECEMBER 11, 1989
TOWN MEETING
America's Children and the Drug Crisis
Kansas City, Missouri

FEBRUARY 15, 1990
TOWN MEETING
Children and Families in Rural America
Part II: The South
Bennettsville, South Carolina

MARCH 26, 1990
FIELD HEARING
Making Ends Meet: American Families and the Economy
Charleston, West Virginia

MAY 20 - 21, 1990
FIELD HEARING
Children in Between: The Middle Childhood Period
Location to be announced

MAY 31, 1990
FIELD HEARING
Children Outside Their Families
Los Angeles, California

JULY 2, 1990
FIELD HEARING
How Children Develop Values
Washington, D.C.

AUGUST 9 - 10, 1990
(tentative date)
FIELD HEARING
High Risk Youth
Location to be announced

SEPTEMBER, 1990
(tentative date)
FIELD HEARING
Building a Productive Labor Force: The Transition from Education to Work
Location to be announced

National Commission on Children
1111 Eighteenth Street, N.W.
Suite 810
Washington, D.C. 20036

50